

<p align="center"><b>PROGRESS REPORT</b>  <b>EISENHOWER PROFESSIONAL DEVELOPMENT PROGRAM</b>  <b>FY2001-02: SCIENCE AND MATHEMATICS</b>  <b>S.C. COMMISSION ON HIGHER EDUCATION</b></p>	
Project Title:	
Institution:	
Grant Period from: _____ to _____	
Project Director  Address:   Phone Number: E-mail:	Name/Title:  <hr/> Signature: _____ Date: _____

Please return two completed copies of this report by October 15, 2002 to:

**Dr. Nancy Healy, Coordinator**  
**Academic Affairs and Licensing**  
**S.C. Commission on Higher Education**  
**1333 Main Street, Suite 200**  
**Columbia, S.C. 29201**

Reports may also be e-mailed to:

**Nhealy@che400.state.sc.us**

**The progress report should succinctly discuss the following:**

### **A. Project Activities**

- 1. Describe the major activities which have occurred during the reporting period and how these meet the goals and objectives of the proposal.**
- 2. Describe evaluation activities used to date and their results.**
- 3. Describe any problems (administrative or programmatic) which have been encountered and how they were resolved.**
- 4. Describe activities to be completed during the remaining project period.**
- 6. Identify the cooperating institution(s)/LEA(s) and describe their contributions.**

### **B. Financial Report**

**Provide a financial report using the attached form. It must cover the reporting period and be prepared by the institutional fiscal office or grants officer. This report should indicate cumulative Title II fund expenditures. If matching funds have been used please indicate these also. The financial report must be signed by the financial officer.**

**INTERIM FINANCIAL REPORT  
DWIGHT D. EISENHOWER PROFESSIONAL  
DEVELOPMENT PROGRAM  
FY 2001-02**

Line Item	Approved Budget	Title II Expenditures	Other Funds	Other Funds Expenditures
1. Key Personnel				
A. Salaries				
B. Fringe Benefits				
2. Support Personnel				
A. Salaries				
B. Fringe Benefits				
<b>Total Personnel Costs</b>				
3. Participant Costs				
A.				
B.				
C.				
D.				
E.				
<b>Total Participant Costs</b>				
4. Supplies				
A.				
B.				
5. Equipment				
A.				
B.				
6. Additional Costs				
A.				

B.				
C.				
D.				
7. Other Travel				
<b>Total Direct Costs</b>				
<b>Indirect Costs (8%) (Public Institutions Only)</b>				

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

(Institutional Fiscal Officer)

To the best of my knowledge and belief, data in this Interim Report are true and correct, and accurately represent the activities, results and expenditures of the project.

Project Director: \_\_\_\_\_ Date: \_\_\_\_\_